CHAPTER 6
SECTION 5

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 200 - 299)

ELEMENT NAME: REASON FOR ADJUSTMENT (2-200)		
VALIDITY EDITS		
2-200-01	VALUE MUST BE 'A' - 'F' **OR** BLANK.	
RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
TYPE OF SUBMISSION	SEE BELOW	
EDITED ELEMENT RELATIONSHIP		
2-200-02R	IF TYPE OF SUBMISSION	'A', 'B', **OR** 'F'
	REASON FOR ADJUSTMENT MUST =	'A' - 'F'
	IF TYPE OF SUBMISSION	'D', 'I', 'R', **OR** 'O'
	REASON FOR ADJUSTMENT MUST =	SPACE.
	IF TYPE OF SUBMISSION	'C' **OR** 'E'
	REASON FOR ADJUSTMENT MUST =	'D' - 'F'.

ELEMENT NAME:	SPECIAL PROCESSING CODE (2-202)

VALIDITY EDITS

2-202-01,	OCCURRENCE NUMBER 1
2-202-02,	OCCURRENCE NUMBER 2
2-202-03	OCCURRENCE NUMBER 3 VALUE MUST BE A VALID CODE LISTED UNDER SPECIAL PROCESSING CODE LOCATED IN ADP MANUAL, CHAPTER 2, SECTION 8 **OR** BLANK
2-202-04	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-140-14R,	NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE
2-145-14R,	PATIENT COPAYMENT/ COINSURANCE		TYPE OF SERVICE, PROVIDER PARTICIPATION INDICATOR
AND 2-145-15R	CONTRACTOR NUMBER	SEE BELOW	
2-235-06R	PROVIDER MAJOR SPECIALTY	SEE BELOW	
2-100-05R	PATIENT ZIP CODE		
	PROCEDURE CODE	SEE BELOW	
	SPONSOR STATUS	SEE BELOW	
	SPONSOR BRANCH OF SERVICE	SEE BELOW	
	PROGRAM INDICATOR	SEE BELOW	
	SPECIAL PROCESSING CODE (OCCURRENCES)	SEE BELOW	
	FILING DATE	SEE BELOW	
	PROVIDER STATE **OR** COUNTRY CODE	SEE BELOW	
	BEGIN DATE OF CARE	SEE BELOW	
	CONTRACTOR NUMBER	SEE BELOW	
	DENIAL REASON CODE	SEE BELOW	
	PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-202-05R	IF NAS EXCEPTION REASON =	9	DEMONSTRATION PROJECTS
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST BE =	3	ALLOGENEIC BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY **OR**

ELEMENT NAME:	SPECIAL PROCESSING CODE (2-202) (CONTINUED)		
		4	ALLOGENEIC BONE MARROW DONOR - WILFORD HALL REFERRED ONLY **OR**
		9	FORT DRUM COOPERATIVE MEDICAL CARE **OR**
		6	HOME HEALTH CARE **OR**
		E	HHC/CM **OR**
		NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
	IF NAS EXCEPTION REASON =	8	HEART/LIVER TRANSPLANT
	AND EARLIEST BEGIN DATE OF CARE < 03/01/1997		
	AT LEAST ONE OCCURANCE OF SPECIAL PROCESSING CODE MUST BE =	5	LIVER TRANSPLANT
		7	HEART TRANSPLANT
	IF NAS EXCEPTION REASON =	8	HEART TRANSPLANT
	AND EARLIEST BEGIN DATE OF CARE ≥ 03/01/1997		
	AT LEAST ONE OCCURANCE OF SPECIAL PROCESSING CODE MUST BE =	7	HEART TRANSPLANT
	IF NAS EXCEPTION REASON =	6	PARTNERSHIPS
	AT LEAST ONE SPECIAL PROCESSING CODE MUST BE =	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS
		O	CHARLESTON NAVAL HOSPITAL CAMCHAS MTF SERVICES
		S	RESOURCE SHARING
	IF NAS EXCEPTION REASON =	L	HOSPICE
	AT LEAST ONE SPECIAL PROCESSING CODE MUST BE =	O	HOSPICE NON-AFFILIATED PROVIDER
		#	HOSPICE
	IF NAS EXCEPTION REASON =	Q	ACTIVE DUTY CLAIMS
	AT LEAST ONE SPECIAL PROCESSING CODE MUST BE =	AD	ACTIVE DUTY CLAIMS
2-202-06R	IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE[1] IS 47133		
	AND EARLIEST BEGIN DATE OF CARE < 03/01/1997		

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ELEMENT NAME:	SPECIAL PROCESSING CODE (2-202) (CONTINUED)		
	OR (> 02/19/1998 **AND** < 09/01/1999)		
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	5	LIVER TRANSPLANT
	ELSE IF EARLIEST BEGIN DATE OF CARE (≥ 03/01/1997 **AND** ≤ 02/19/1998) **OR** (≥ 09/01/1999 **AND** ≤ 05/31/2003)		
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	ST	SPECIALIZED TREATMENT
	OR IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE[1] IS 47133, 47135, **OR** 47136		
	AND EARLIEST BEGIN DATE OF CARE < 03/01/1997 **OR** (> 02/19/98 **AND** < 09/01/1999) **OR** > 05/31/2003		
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	5	LIVER TRANSPLANT
	ELSE IF EARLIEST BEGIN DATE OF CARE (≥ 03/01/97 **AND** < 02/19/98) **OR** (≥ 09/01/99 **AND** ≤ 05/31/2003)		
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	ST	SPECIALIZED TREATMENT
	IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE[1] IS 33945,		
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	7	HEART TRANSPLANT
	IF ANY DETAIL OCCURRENCE OF PROCEDURE CODE[1] IS 90199,		
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	6	HOME HEALTH CARE
2-202-09R	IF PROGRAM INDICATOR =	H	PFPWD
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST BE =	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS
		6	HOME HEALTH CARE
		E	HHC/CM

ELEMENT NAME:	SPECIAL PROCESSING CODE (2-202) (CONTINUED)		
		F G	ARMY CAM DEMONSTRATION
		I J	AIR FORCE CAM DEMONSTRATION
		N	CHAMPUS SELECT
		S	RESOURCE SHARING
	IF PROGRAM INDICATOR =	D	DRUG
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST BE =	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS WHO ASSISTED OR PROVIDED ANCILLARY SUPPORT
	IF PROGRAM INDICATOR =	T	DENTAL
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST BE =	A	PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		B	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		C	PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITHOUT SIGNED AGREEMENTS
		E	HHC/CM
		F G	ARMY CAM DEMONSTRATION
2-202-10R	SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.		
2-202-11R	IF SPECIAL PROCESSING CODE =	F	REYNOLDS ARMY COMMUNITY HOSPITAL, FT. SILL
	THE FILING DATE MUST BE ≥ 06/01/1989 **AND** THE END DATE OF CARE ≤05/31/1992.		
	IF SPECIAL PROCESSING CODE =	G	EVANS ARMY COMMUNITY HOSPITAL, FT. CARSON
	THE FILING DATE MUST BE ≥ 10/01/1989 **AND** THE EARLIEST BEGIN DATE OF CARE ≤09/30/1992		
	IF SPECIAL PROCESSING CODE =	I	BERGSTROM AFB CATCHMENT AREA
	THE FILING DATE MUST BE ≥ 03/01/1990 **AND** END DATE OF CARE ≤04/30/1993.		
	IF SPECIAL PROCESSING CODE =	J	LUKE/WILLIAMS AFB CATCHMENT AREA
	THE FILING DATE MUST BE ≥ 03/01/1990.		
2-202-12R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA/FLORIDA PPO

ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)

	PROVIDER STATE **OR** COUNTRY CODE =	12	FLORIDA
		13	GEORGIA
2-202-13R	IF EARLIEST BEGIN DATE OF CARE < 06/30/1988		
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MAY =	E	HHC/CM
2-202-15R	IF ANY DENIAL REASON CODE =	G	DEMONSTRATION AUTHORIZATION NOT ON FILE
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS
		E	HHC/CM
2-202-16R	IF FIRST POSITION OF TYPE OF SERVICE =	C	AIR FORCE CAM PRIMARY/PREVENTIVE CARE
	SPECIAL PROCESSING CODE =	I	BERGSTROM AFB CATCHMENT AREA
		J	LUKE/WILLIAMS AFB CATCHMENT AREA
2-202-17R	IF SPECIAL PROCESSING CODE =	X	PROVIDERS NOT CONTRACTED WITH OR EMPLOYED BY THE PARTIAL HOSPITALIZATION PROGRAM WHO BILL FOR PSYCHOTHERAPY SERVICES IN A PARTIAL HOSPITALIZATION PROGRAM
	AT LEAST ONE PROCEDURE CODE[1] MUST =		90812, 90813, 90814, 90815, 90816, 90817, 90843, 90844, 90846, 90847, 90849, OR 90855
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	AMOUNT PAID BY OTHER HEALTH INSURANCE MUST NOT = ZERO.		
2-202-18R	IF SPECIAL PROCESSING CODE =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (NORMAL COB PROCESSING)
	SPONSOR STATUS =	A	ACTIVE DUTY
		Q	PRISON/APPELLATE
		D	100% DISABLED
		F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		K	DECEASED
		O	TEMPORARILY DISABLED
		R	RETIRED
		H	MEDAL OF HONOR
		W	TITLE III RETIREE

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ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)

2-202-19R	IF ANY OCCURRENCE OF SPECIAL PROCESSUNG CODE =	U	BRAC MEDICARE PHARMACY
	THEN CONTRACTOR NUMBER MUST =	03	MANAGED CARE SUPPORT - REGION 3/4
		06	MANAGED CARE SUPPORT - REGION 6
		07	MANAGED CARE SUPPORT - CENTRAL REGION
		11	MANAGED CARE SUPPORT - REGION 11
		13	UNISYS
		25	MANAGED CARE SUPPORT - REGION 2/5
		26	MANAGED CARE SUPPORT - REGION 1
		60	MANAGED CARE SUPPORT - REGION 9, 10, 12
	AND PROGRAM INDICATOR MUST =	D	DRUG
	AND EARLIEST BEGIN DATE OF CARE MUST BE < 04/01/2001		
2-202-20R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	?	AMBULATORY SURGERY FACILITY CHARGE
	SPECIAL RATE CODE MUST =	R	AMBULATORY SURGERY FACILITY PAYMENT RATE
		S	DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE
	OR PRICE CODE MUST BE =	C	AMBULATORY SURGERY - FACILITY PAYMENT RATE
		D	DISCOUNTED AMBULATORY SURGERY - FACILITY PAYMENT RATE
		E	AMBULATORY SURGERY - PAID AS BILLED
		P	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE
		Q	TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE
		R	TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
	AND AMOUNT ALLOWED > 0		
2-202-21R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PO	TRICARE PRIME - POINT OF SERVICE
	THEN ENROLLMENT STATUS MUST =	E	MANAGED CARE SUPPORT - TRICARE - PRIME **OR**
		K	MANAGED CARE SUPPORT - CALIFORNIA/ HAWAII ENROLLED **OR**
		O	NEW ORLEANS PRIME **OR**

ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)

		U	MANAGED CARE SUPPORT - PRIME WITH CONTRACTOR NETOWRK PCM **OR**
		Z	MANAGED CARE SUPPORT - PRIME (WITH MTF/ CLINIC PCM) **OR**
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY CLAIMS
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR
	THEN ENROLLMENT STATUS MUST =	W	ACTIVE DUTY - USA
		X	ACTIVE DUTY - EUROPE
2-202-22R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY
	PATIENT RELATIONSHIP TO SPONSOR MUST =	∅	SPONSOR
	AND SPONSOR STATUS MUST =	A	ACTIVE DUTY
		B	RECALLED TO ACTIVE DUTY
		J	ACADEMY STUDENT/NAVY OCS
		N	NATIONAL GUARD
		Q	PRISONER/APPELLATE
		V	RESERVE
		T	FOREIGN MILITARY (NATO)
2-202-24R	(NATIONAL STS)		
	IF PROCEDURE CODE[1] = 38240, 38230 [ALLOGENEIC BONE MARROW TRANSPLANT]		
	AND EARLIEST BEGIN DATE OF CARE < 10/01/1997		
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	3	ALLOGENEIC BONE MARROW RECIPIENT (WILFORD HALL REFERRED ONLY) **OR**
		&	BONE MARROW TRANSPLANTS - TMA APPROVED ONLY
	ELSE IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/1997 **AND** ≤12/31/2002		
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	ST	SPECIALIZED TREATMENT

ELEMENT NAME: SPECIAL PROCESSING CODE (2-202) (CONTINUED)

	IF PROCEDURE CODE[1] = 50300, 50320, 50340, 50360, 50365, 50370, 50380 [KIDNEY TRANSPLANT]		
	AND EARLIEST BEGIN DATE OF CARE ≥ 09/01/1999 **AND** ≤05/31/2003		
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	ST	SPECIALIZED TREATMENT
	UNLESS NAS EXCEPTION REASON =	K	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP)
	OR PATIENT ZIP CODE IS NOT IN THE 48 CONTIGUOUS UNITED STATES AND THE DISTRICT OF COLUMBIA		
2-202-26R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	WR	MENTAL HEALTH WRAPAROUND DEMONSTRATION
	CONTRACTOR NUMBER MUST =	07	CENTRAL REGION
2-202-27R	IF ANY OCCURANCE OF SPECIAL PROCESSING CODE =	MS	TRICARE SENIOR PRIME
		MN	TRICARE SENIOR PRIME (NON-NETWORK)
	THEN ENROLLMENT STATUS MUST =	BB	TRICARE SENIOR PRIME
2-202-40R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM COMPREHENSIVE CLINICAL EVALUATION PROGRAM
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM- TRICARE ELIGIBLE
		SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY
	THEN ENROLLMENT STATUS MUST =	SR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE
		SN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE
		SO	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS FOR NON-TRICARE ELIGIBLE

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ELEMENT NAME:	SPECIAL PROCESSING CODE (2-202) (CONTINUED)		
		ST	SUPPLEMENTAL HEALTH CARE PROGRAM CLAIMS FOR TRICARE ELIGIBLE
2-202-41R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SN	TRICARE SENIOR SUPPLEMENT (NON-NETWORK) **OR**
		SS	TRICARE SENIOR SUPPLEMENT (NETWORK)
	THEN ENROLLMENT CODE MUST =	TS	TRICARE SENIOR SUPPLEMENT
2-202-43R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	THEN EARLIEST BEGIN DATE OF CARE IS ≥ 10/30/2000 **AND** < 09/01/2002		
	AND SPONSOR STATUS MUST =	A	ACTIVE DUTY **OR**
		B	RECALLED TO ACTIVE DUTY **OR**
		N	NATIONAL GUARD **OR**
		V	RESERVE
	AND PATIENT RELATIONSHIP TO SPONSOR MUST =	C	CHILD **OR**
		S	SPOUSE **OR**
		V	STEP CHILD **OR**
		W	WARD
2-202-44R	IF EARLIEST BEGIN DATE OF CARE IS ≥ 03/15/1999		
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	E	HOME HEALTH CARE/CASE MANAGEMENT (HHC/CM) DEMO (AFTER 03/15/1999 GRANDFATHERED INTO THE INDIVIDUAL CASE MANAGEMENT PROGRAM)
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	CM	INDIVIDUAL CASE MANAGEMENT PROGRAM (ICMP) CLAIMS
2-202-45R	IF EARLIEST BEING DATE OF CARE IS ≥ 10/01/2001		
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FF	TRICARE FOR LIFE (FIRST PAYOR) **OR**
		FS	TRICARE FOR LIFE (SECOND PAYOR)
	THEN ENROLLMENT STATUS MUST =	FE	TRICARE FOR LIFE - EXTRA **OR**

ELEMENT NAME:	SPECIAL PROCESSING CODE (2-202) (CONTINUED)		
		FS	TRICARE FOR LIFE - STANDARD
2-202-46R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FF	TFL - FIRST PAYOR **OR**
		FS	TFL - SECOND PAYOR
	THEN EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001		
2-202-47R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM
	THEN EARLIEST BEGIN DATE OF CARE ≥ 09/14/2001 **AND** < 11/01/2003		
2-202-49R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GN	TPR ENROLLED ADFM - NON-NETWORK **OR**
		GT	TPR ENROLLED ADFM - NETWORK
	AND EARLIEST BEGIN DATE OF CARE IS ≥ 09/01/2002		
	THEN ENROLLMENT STATUS MUST =	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
2-202-50R	• SPECIAL PROCESSING CODE "V" IS USED FOR CARE NORMALLY PROVIDED - WHILE SPECIAL PROCESSING CODE "W" IS USED FOR CARE OVER AND ABOVE THOSE NORMAL LIMITS		
	IF BEGIN DATE OF CARE IS ≥ 12/28/2001		
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	CT	CUSTODIAL CARE TRANSITIONAL POLICY
	THEN AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	V	AT-RISK PAYMENT BY AT-RISK CLAIMS PROCESSOR **OR**
		W	NOT-AT-RISK PAYMENT BY AT-RISK CLAIMS PROCESSOR

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ELEMENT NAME:	SPECIAL RATE CODE (2-203)	
	VALIDITY EDITS	
2-203-01	VALUE MUST = BLANK, 'A', 'B', 'C', 'D', 'E', 'F', 'R', 'S', 'T', 'U', **OR** 'V'	

	RELATIONAL EDITS	
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
STATE/COUNTRY CODE	SEE BELOW	

ELEMENT NAME: SPECIAL RATE CODE (2-203) (CONTINUED)		
EDITED ELEMENT RELATIONSHIP		
2-203-02R	**WHEN** FILING STATE/COUNTRY CODE IS NOT EQUAL TO '34', THEN SPECIAL RATE CODE MUST NOT BE 'A' **OR** 'B' **OR** 'C' **OR** 'E' **OR** 'F'.	
2-203-03R	**WHEN** FILING STATE/COUNTRY CODE IS EQUAL TO '34' AND SPECIAL RATE CODE IS 'A' **OR** 'B' **OR** 'C' **OR** 'E' **OR** 'F', THEN THE LATEST END DATE OF CARE MUST BE LESS THAN 19890101.	
2-203-04R	IF SPECIAL RATE CODE =	R AMBULATORY SURGERY FACILITY PAYMENT RATE **OR**
		S DISCOUNTED AMBULATORY SURGERY FACILITY PAYMENT RATE
	OR PRICING CODE =	C AMBULATORY SURGERY-FACILITY PAYMENT RATE **OR**
		D DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE **OR**
		E AMBULATORY SURGERY-PAID AS BILLED **OR**
		P TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-FACILITY PAYMENT RATE **OR**
		Q TRICARE CLAIMCHECK-ADDED PROCEDURE, DISCOUNTED AMBULATORY SURGERY-FACILITY PAYMENT RATE **OR**
		R TRICARE CLAIMCHECK-ADDED PROCEDURE, AMBULATORY SURGERY-PAID AS BILLED
	AND AMOUNT ALLOWED > 0	
	SPECIAL PROCESSING CODE MUST =	? AMBULATORY SURGERY FACILITY CHARGE
2-203-05R	IF SPECIAL RATE CODE =	V MEDICARE REIMBURSEMENT RATE
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	FS TFL -SECOND PAYOR **OR**
		T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) **AND** EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001 **OR**
		MS TSP - NETWORK **OR**
		MN TSP - NON-NETWORK
2-203-06R	IF SPECIAL RATE CODE =	U SHCP CLAIM PAID OUTSIDE NORMAL LIMITS
	THEN SPECIAL PROCESSING CODE MUST =	AN SHCP - NON-MTF-REFERRED CARE **OR**
		AR SHCP - MTF-REFERRED CARE **OR**
		CE SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		GU ACTIVE DUTY SERVICE MEMBER ENROLLED IN TPR: NOT-AT-RISK PAYMENT BY CONTRACTOR **OR**

ELEMENT NAME: SPECIAL RATE CODE (2-203) (CONTINUED)		
	SC	SHCP - NON-TRICARE ELIGIBLE **OR**
	SE	SHCP - TRICARE ELIGIBLE **OR**
	SM	SHCP - EMERGENCY

ELEMENT NAME: MAJOR DIAGNOSTIC CATEGORY (2-205)

VALIDITY EDITS

2-205-01 VALUE MUST = 1 - 25, 60 - 74, **OR** BLANK.

RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
NON-AVAILABILITY STATEMENT NUMBER	SEE BELOW	
RECORD TYPE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

NO ERROR IF ENROLLMENT CODE =   PS   TSx

THEN BYPASS ALL RELATIONAL MAJOR DIAGNOSTIC CATEGORY EDITS

2-205-02R IF NAS NUMBER IS NOT CODED THE MAJOR DIAGNOSTIC CATEGORY MUST NOT BE CODED.

2-205-04R IF MAJOR DIAGNOSTIC CATEGORY = '61' THROUGH '74', ONE PROCEDURE CODE MUST BE AMONG THOSE APPEARING IN FIGURE 6-A-2A - FIGURE 6-A-2D.

2-205-05R IF MAJOR DIAGNOSTIC CATEGORY = '61' THROUGH '74', RECORD TYPE MUST = '2' (NON-INSTITUTIONAL)

ELEMENT NAME: REASON FOR ISSUANCE (2-207)

VALIDITY EDITS

2-207-01 VALUE MUST = 1 - 9, **OR** BLANK.

RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
NON-AVAILABILITY STATEMENT NUMBER	SEE BELOW	
MAJOR DIAGNOSTIC CATEGORY	SEE BELOW	
ENROLLMENT CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

NO ERROR IF ENROLLMENT CODE =   PS   TSx

THEN BYPASS ALL RELATIONAL REASON FOR ISSUANCE EDITS

ELEMENT NAME: REASON FOR ISSUANCE (2-207) (CONTINUED)

2-207-03R	IF NAS NUMBER IS BLANK THE REASON FOR ISSUANCE MUST = BLANK.
2-207-04R	IF MAJOR DIAGNOSTIC CATEGORY IS NOT CODED, REASON FOR ISSUANCE MUST = BLANK, '7', '8' **OR** '9'.
2-207-05R	IF REASON FOR ISSUANCE = '7', '8' **OR** '9'

THEN ENROLLMENT CODE MUST =	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM
	E	MCS - TRICARE-TIDEWATER PRIME
	F	FI STANDARD PROGRAM
	G	MCS - TRICARE-TIDEWATER EXTRA
	R	TRICARE EXTRA - NORTH CAROLINA
	T	MCS - STANDARD PROGRAM
	U	MCS - PRIME, CIVILIAN PCM
	V	MCS - EXTRA
	Y	CHCBP - STANDARD
	Z	MCS - PRIME (WITH MTF/CLINIC PCM)
	AA	CHCBP - EXTRA

ELEMENT NAME: PRICING LOCALITY CODE (2-208)

VALIDITY EDITS

2-208-01	MUST BE VALID THREE (3) POSITION CODE OF '001' THRU '225' OR '301' THRU '390' **OR** ALL BLANKS.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
PRICING CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-208-02R	IF EARLIEST BEGIN DATE OF CARE TO ≥ 05/01/1992

AND ANY OCCURRENCE OF PRICING CODE =	A	NATIONAL PREVAILING CHARGE
	B	NATIONAL CONVERSION FACTOR
	N	TRICARE CLAIMCHECK-ADDED PROCEDURE, NATIONAL PREVAILING CHARGE
	O	TRICARE CLAIMCHECK-ADDED PROCEDURE, NATIONAL CONVERSION FACTOR

	PRICING LOCALITY CODE MUST **NOT** = BLANKS
2-208-03R	IF EARLIEST BEGIN DATE OF CARE TO ≥ 05/01/1992

AND NO OCCURRENCE OF PRICING CODE =	A	NATIONAL PREVAILING CHARGE

ELEMENT NAME:	PRICING LOCALITY CODE (2-208) (CONTINUED)	
	B	NATIONAL CONVERSION FACTOR
	N	TRICARE CLAIMCHECK-ADDED PROCEDURE, NATIONAL PREVAILING CHARGE
	O	TRICARE CLAIMCHECK-ADDED PROCEDURE, NATIONAL CONVERSION FACTOR

PRICING LOCALITY CODE **MUST** = BLANKS

ELEMENT NAME:	CLAIM FORM TYPE (2-210)

VALIDITY EDITS

2-210-01 VALUE MUST BE 'A' - 'J' IF FILING DATE ≥ 10/01/1993; OTHERWISE NO EDIT APPLIES.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

ELEMENT NAME:	PCM LOCATION DMIS-ID (2-211)

VALIDITY EDITS

2-211-01 MUST BE VALID DMIS CODE

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
REGION CODE	SEE BELOW	
ENROLLMENT STATUS CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

NO ERROR	IF OVERRIDE CODE =	S	ZIP CODE OVERRIDE TO BE USED WHEN BENEFICIARY HAS MOVED OUT OF A REGION AND THE CONTRACTOR IS STILL RESPONSIBLE FOR THE CARE CLAIMED; OR IF THE BENEFICIARY RESIDES IN A REGION DIFFERENT FROM THE REGION THEY ARE ENROLLED IN -- **WITHIN THE SAME CONTRACT JURISDICTION** (I.E., 2/5, 3/4, 7/8, **OR** 9/10)
	THEN BYPASS ALL PCM LOCATION DMIS-ID EDITING.		
2-211-02R	IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/1997		
	AND IF ENROLLMENT STATUS CODE =	Z	MCS - PRIME, MTF/CLINIC **OR**
		BB	TSP

[2] A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.
[3] THESE REGION CODES ARE RESERVED FOR FUTURE USE.

ELEMENT NAME: PCM LOCATION DMIS-ID (2-211) (CONTINUED)		
	THEN PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID[1]	
	AND CANNOT = 6501, 6901 - 6915, 7901 - 7912, 7916, 8000 - 8099, **OR** BLANK	
2-211-03R	IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/1999	
	AND IF ENROLLMENT STATUS CODE =	SR SHCP - REFERRED CARE
	THEN PCM LOCATION DMIS-ID MUST BE A VALID MTF/CLINIC DMIS-ID[1]	
	AND CANNOT = 6501, 6901 - 6915, 7901 - 7912, 7916, 8000 - 8099, **OR** BLANK	
2-211-04R	IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/1997 **AND** < 10/01/1999	
	AND ENROLLMENT STATUS CODE =	U MCS - PRIME, CIVILIAN PCM
	AND REGION CODE = 2 **THEN** DMIS-ID MUST BE 6501 **OR** 6902 **OR** 8000 - 8099	
2-211-05R	IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/1997 **AND** < 09/01/2002	
	AND ENROLLMENT STATUS CODE =	U MCS - PRIME, CIVILIAN PCM
	AND REGION CODE = 1 **THEN** DMIS-ID MUST BE 6901 **OR** 8000 - 8099	
	OR REGION CODE = 2 **THEN** DMIS-ID MUST BE 6902 **OR** 8000 - 8099	
	OR REGION CODE = 3 **THEN** DMIS-ID MUST BE 6903	
	OR REGION CODE = 4 **THEN** DMIS-ID MUST BE 6904	
	OR REGION CODE = 5 **THEN** DMIS-ID MUST BE 6905 **OR** 8000 - 8099	
	OR REGION CODE = 6 **THEN** DMIS-ID MUST BE 6906	
	OR REGION CODE = 7 **THEN** DMIS-ID MUST BE 6907	
	OR REGION CODE = 8 **THEN** DMIS-ID MUST BE 6908	
	OR REGION CODE = 9 **THEN** DMIS-ID MUST BE 6909	
	OR REGION CODE = 10 **THEN** DMIS-ID MUST BE 6910	
	OR REGION CODE = 11 **THEN** DMIS-ID MUST BE 6911	
	OR REGION CODE = 12 **THEN** DMIS-ID MUST BE 6912	
	OR [2]REGION CODE = 13 **THEN** DMIS-ID MUST BE 6913	
	OR [2]REGION CODE = 14 **THEN** DMIS-ID MUST BE 6914	
	OR [2]REGION CODE = 15 **THEN** DMIS-ID MUST BE 6915	
2-211-06R	IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/1997 **AND** < 10/01/1999	
	AND ENROLLMENT STATUS CODE =	W TPR ACTIVE DUTY CLAIMS - USA
	AND REGION CODE = 1 **THEN** DMIS-ID MUST BE BLANK **OR** 7901 **OR** 8000 - 8099	
	OR REGION CODE = 2 **THEN** DMIS-ID MUST BE BLANK **OR** 7902 **OR** 8000 - 8099	
	OR REGION CODE = 5 **THEN** DMIS-ID MUST BE BLANK **OR** 7905 **OR** 8000 - 8099	
	OR REGION CODE = 11 **THEN** DMIS-ID MUST BE BLANK **OR** 6911	

[2] **A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.**
[3] **THESE REGION CODES ARE RESERVED FOR FUTURE USE.**

ELEMENT NAME: PCM LOCATION DMIS-ID (2-211) (CONTINUED)

2-211-07R   IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/1999 **AND** < 09/01/2002

AND ENROLLMENT STATUS CODE =	W TPR ACTIVE DUTY CLAIMS - USA

AND REGION CODE = 1 **THEN** DMIS-ID MUST BE 7901 **OR** 8000 - 8099

OR REGION CODE = 2 **THEN** DMIS-ID MUST BE 7902 **OR** 8000 - 8099

OR REGION CODE = 3 **THEN** DMIS-ID MUST BE 7903

OR REGION CODE = 4 **THEN** DMIS-ID MUST BE 7904

OR REGION CODE = 5 **THEN** DMIS-ID MUST BE 7905 **OR** 8000 - 8099

OR REGION CODE = 6 **THEN** DMIS-ID MUST BE 7906

OR REGION CODE = 7 **THEN** DMIS-ID MUST BE 7907

OR REGION CODE = 8 **THEN** DMIS-ID MUST BE 7908

OR REGION CODE = 9 **THEN** DMIS-ID MUST BE 7909

OR REGION CODE = 10 **THEN** DMIS-ID MUST BE 7910

OR REGION CODE = 11 **THEN** DMIS-ID MUST BE 7911

OR REGION CODE = 12 **THEN** DMIS-ID MUST BE 7912 **OR** 7916

2-211-08R   IF EARLIEST BEGIN DATE OF CARE ≥ 10/01/1997

AND ENROLLMENT STATUS CODE ≠	SR SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE
	U MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM **OR**
	W TPR ACTIVE DUTY CLAIMS - USA **OR**
	Z MANAGED CARE SUPPORT - PRIME, MTF/CLINIC **OR**
	BB TRICARE SENIOR PRIME
	WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM

THEN PCM LOCATION DMIS-ID MUST = BLANK

2-211-09R   IF DATE OF ADMISSION ≥ 09/01/2002

AND ENROLLMENT STATUS CODE =	U MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM

AND REGION CODE = 1 **THEN** DMIS-ID MUST BE 6901

OR REGION CODE = 2 **THEN** DMIS-ID MUST BE 6902, 8007, **OR** 8009

OR REGION CODE = 3 **THEN** DMIS-ID MUST BE 6903

OR REGION CODE = 4 **THEN** DMIS-ID MUST BE 6904

OR REGION CODE = 5 **THEN** DMIS-ID MUST BE 6905

OR REGION CODE = 6 **THEN** DMIS-ID MUST BE 6906

[2] A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.
[3] THESE REGION CODES ARE RESERVED FOR FUTURE USE.

ELEMENT NAME:	PCM LOCATION DMIS-ID (2-211) (CONTINUED)	
	OR REGION CODE = 7 **THEN** DMIS-ID MUST BE 6907	
	OR REGION CODE = 8 **THEN** DMIS-ID MUST BE 6908	
	OR REGION CODE = 9 **THEN** DMIS-ID MUST BE 6909	
	OR REGION CODE = 10 **THEN** DMIS-ID MUST BE 6910	
	OR REGION CODE = 11 **THEN** DMIS-ID MUST BE 6911	
	OR REGION CODE = 12 **THEN** DMIS-ID MUST BE 6912	
	OR [2]REGION CODE = 13 **THEN** DMIS-ID MUST BE 6913	
	OR [2]REGION CODE = 14 **THEN** DMIS-ID MUST BE 6914	
	OR [2]REGION CODE = 15 **THEN** DMIS-ID MUST BE 6915	
2-211-10R	IF DATE OF ADMISSION ≥ 09/01/2002	
	AND ENROLLMENT STATUS CODE =	W TPR ACTIVE DUTY CLAIMS - USA **OR**
		WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND REGION CODE = 1 **THEN** DMIS-ID MUST BE 7901	
	OR REGION CODE = 2 **THEN** DMIS-ID MUST BE 7902	
	OR REGION CODE = 3 **THEN** DMIS-ID MUST BE 7903	
	OR REGION CODE = 4 **THEN** DMIS-ID MUST BE 7904	
	OR REGION CODE = 5 **THEN** DMIS-ID MUST BE 7905	
	OR REGION CODE = 6 **THEN** DMIS-ID MUST BE 7906	
	OR REGION CODE = 7 **THEN** DMIS-ID MUST BE 7907	
	OR REGION CODE = 8 **THEN** DMIS-ID MUST BE 7908	
	OR REGION CODE = 9 **THEN** DMIS-ID MUST BE 7909	
	OR REGION CODE = 10 **THEN** DMIS-ID MUST BE 7910	
	OR REGION CODE = 11 **THEN** DMIS-ID MUST BE 7911	
	OR REGION CODE = 12 **THEN** DMIS-ID MUST BE 7912 **OR** 7916	

[2] A VALID MTF/CLINIC DMIS-ID MEANS ONE THAT MATCHES THE DOD DMIS-ID LISTING.
[3] THESE REGION CODES ARE RESERVED FOR FUTURE USE.

ELEMENT NAME:	NUMBER OF PAYMENT REDUCTION DAYS/SERVICES (2-212)		
VALIDITY EDITS			
2-212-01	MUST BE NUMERIC.		
RELATIONAL EDITS			
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	REASON FOR PAYMENT REDUCTION	SEE BELOW	
	NUMBER OF PAYMENT REDUCTION DAYS/SERVICES	SEE BELOW	
EDITED ELEMENT RELATIONSHIP			
2-212-02R	IF REASON FOR PAYMENT REDUCTION IS NOT EQUAL TO BLANK.		
	NUMBER OF PAYMENT REDUCTION DAYS/SERVICES MUST BE GREATER THAN ZERO.		

ELEMENT NAME:	PROVIDER CONTRACT AFFILIATION CODE (2-214)		
VALIDITY EDITS			
2-214-01	MUST BE AN ALPHANUMERIC VALUE OF '0' (NOT APPLICABLE), **OR** '1' (CONTRACTED), **OR** '2' (NOT CONTRACTED), **OR** '3' (CONTRACTED/NON-CONTRACTED) **OR** '4' (ACTIVE DUTY - TPR).		
RELATIONAL EDITS			
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	NONE		

ELEMENT NAME: PROVIDER STATE OR COUNTRY CODE (2-215)		
VALIDITY EDITS		
2-215-01	MUST APPEAR IN A FIGURE OF VALID STATE **OR** COUNTRY CODES, **OR** BE ALL BLANKS.	
RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
PROVIDER STATE/COUNTRY CODE[1]	SEE BELOW	PROVIDER TAXPAYER NUMBER[1], PROVIDER SUB-IDENTIFIER[1], PROVIDER ZIP CODE[1], BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE[1]
PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
AMOUNT ALLOWED	SEE BELOW	
AMOUNT ALLOWED BY PROCEDURE CODE	SEE BELOW	
PROVIDER MAJOR SPECIALTY	SEE BELOW	
EDITED ELEMENT RELATIONSHIP		
2-215-02R	MUST MATCH THE PROVIDER STATE **OR** COUNTRY CODE IN THE CORRESPONDING RECORD IN THE PROVIDER FILE. THE 'CORRESPONDING' RECORD IS BASED ON CARE DATES AND NON-INSTITUTIONAL PROVIDER KEY: PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, AND PROVIDER ZIP CODE.	

	UNLESS (PROGRAM INDICATOR =	D	DRUG
	AND PROVIDER PARTICIPATION INDICATOR = 'N')		
	OR AMOUNT ALLOWED ≤ZERO		
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FS	TRICARE FOR LIFE (SECOND PAYOR) **OR**
		T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) **AND** EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001
	THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE.		
	IF (NETTED) AMOUNT ALLOWED (FOR EACH DETAIL OCCURRENCE) BY PROCEDURE CODE ≤ZERO		
	THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE.		
2-215-03R	CAN BE BLANK-FILLED WHEN PROVIDER MAJOR SPECIALTY =	TS	TRANSPORTATION SERVICES
	DO NOT CHECK PROVIDER FILE. ERROR GENERATED IF PROVIDER STATE/COUNTRY CODE IS BLANK WHEN SPECIALTY IS NOT 'TS' (TRANSPORTATION SERVICES).		

[1] **PROVIDER FILE**

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-217)		
VALIDITY EDITS		
2-217-01	MUST BE NUMERIC, **OR** FIRST 2 CHARACTERS MUST BE A VALID STATE/COUNTRY CODE AND LAST 7 CHARACTERS MUST BE NUMERIC, **OR** FIRST 2 CHARACTERS MUST BE A VALID STATE/COUNTRY CODE, AND THIRD CHARACTER MUST BE = 'A', AND LAST 6 CHARACTERS MUST BE NUMERIC.	

	RELATIONAL EDITS		
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	PROVIDER TAXPAYER NUMBER[1]	SEE BELOW	PROVIDER SUB-IDENTIFIER[1], PROVIDER ZIP CODE[1]
	PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
	PROVIDER MAJOR SPECIALTY CODE	SEE BELOW	
2-310-06R	BEGIN DATE OF CARE		RECORD EFFECTIVE DATE[1], PROVIDER ACCEPTANCE DATE[1], PROVIDER TERMINATION DATE[1], AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE
2-315-06R	END DATE OF CARE		SAME AS ABOVE
	INST/NON-INST INDICATOR[1]	SEE BELOW	RECORD TYPE

	EDITED ELEMENT RELATIONSHIP		
NO ERROR IF DENIAL REASON CODE =		M	PROVIDER IS NOT TRICARE CERTIFIED **OR**
		N	MULTIPLE DENIAL REASONS
OR ANY OCCURRENCE SPECIAL PROCESSING CODE =		FS	TRICARE FOR LIFE (SECOND PAYOR) **OR**
		T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) **AND** EARLIEST BEGIN DATE OF CARE $\geq$ 10/01/2001
THEN DO NOT CHECK FOR MATCH ON THE PROVIDER FILE.			
NO ERROR IF DENIAL REASON CODE =		7	SUSPENSE LIMITATION EXCEEDED
AND TYPE OF SUBMISSION =		C	COMPLETE CANCELLATION OF PRIOR HCSR DATA **OR**
		D	COMPLETE CONTRACTOR DENIAL HCSR SUBMISSION **OR**
		E	COMPLETE CANCELLATION OF NON-HCSR DATA
THEN DO NOT CHECK PROVIDER FILE.			

[1] **PROVIDER FILE**
[2] **USE 2-217-04R ONLY WHEN PROVIDER <u>HISTORY</u> DOES NOT MATCH. IF <u>CURRENT</u> PROVIDER INFORMATION DOES NOT MATCH, CONTINUE TO USE 2-217-02R.**

ELEMENT NAME: PROVIDER TAXPAYER NUMBER (2-217) (CONTINUED)

2-217-02R	NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER MUST MATCH THE NON-INSTITUTIONAL PROVIDER TAXPAYER NUMBER IN THE CORRESPONDING RECORD IN THE PROVIDER FILE. THE 'CORRESPONDING' RECORD IS BASED ON PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER ZIP CODE, (AND RECORD IS ACTIVE).
	OR PROVIDER SUB-IDENTIFIER AND/OR ZIP CODE ON THE CLAIM MUST MATCH THE PROVIDER SUB-IDENTIFIER AND/OR ZIP CODE ON THE PROVIDER FILE FOR THE PROVIDER TAXPAYER NUMBER
	OR PROVIDER IS NOT CERTIFIED TO PROVIDE SERVICES ON THE CLAIM DATE(S) OF CARE (DENIAL REASON CODES 'M' AND 'N'.).
2-217-04R[2]	**WHEN** AN AUTHORIZED PROVIDER IS FOUND ON THE DATABASE, INST/NON-INST INDICATOR MUST AGREE WITH THE HCSR RECORD TYPE.
2-217-05R	IF PROGRAM INDICATOR = D DRUG
	AND PROVIDER PARTICIPATION INDICATOR = 'N' MUST BE ALL NINES,
	OR A VALID PROVIDER TAXPAYER NUMBER.
	DO NOT CHECK PROVIDER FILE.
2-217-07R	PROVIDER TAXPAYER NUMBER **CANNOT** BE ALL NINES **UNLESS** PROVIDER MAJOR SPECIALTY = 'TS' (TRANSPORTATION SERVICES), **OR** (PROGRAM INDICATOR = 'D' (DRUG) AND PROVIDER PARTICIPATION INDICATOR = NO). DO NOT CHECK PROVIDER FILE **WHEN** PROVIDER TAXPAYER NUMBER IS ALL NINES.

[1] **PROVIDER FILE**
[2] **USE 2-217-04R ONLY WHEN PROVIDER HISTORY DOES NOT MATCH. IF CURRENT PROVIDER INFORMATION DOES NOT MATCH, CONTINUE TO USE 2-217-02R.**

ELEMENT NAME: PROVIDER SUB-IDENTIFIER (2-220)

VALIDITY EDITS

2-220-01	MUST BE FOUR CHARACTERS FIRST CHARACTER ALPHANUMERIC, LAST THREE CHARACTERS NUMERIC, **OR** FIRST TWO CHARACTERS ALPHANUMERIC, LAST TWO CHARACTERS NUMERIC, **OR** ALL FOUR NUMERIC.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-217-03R	PROVIDER SUB-IDENTIFIER[1]		PROVIDER TAXPAYER NUMBER[1], PROVIDER ZIP CODE[1]
	PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
	PROVIDER MAJOR SPECIALTY CODE	SEE BELOW	
2-310-06R	BEGIN DATE OF CARE		RECORD EFFECTIVE DATE[1], PROVIDER ACCEPTANCE DATE[1], PROVIDER TERMINATION DATE[1], AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE

[1] **PROVIDER FILE**

ELEMENT NAME:	PROVIDER SUB-IDENTIFIER (2-220) (CONTINUED)

2-315-06R	END DATE OF CARE	SAME AS ABOVE

EDITED ELEMENT RELATIONSHIP
NONE

[1] PROVIDER FILE

ELEMENT NAME:	PROVIDER ZIP CODE (2-225)

VALIDITY EDITS

2-225-01	MUST BE NINE CHARACTERS; EITHER 9 DIGITS, **OR** 5 DIGITS (NOT 5 ZEROES **OR** 5 NINES) FOLLOWED BY 4 BLANKS, **OR** 2 CHARACTERS FOLLOWED BY 7 BLANKS, **OR** ALL BLANKS.

MUST **NOT** BE ALL ZEROES, **OR** ALL NINES.

RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
2-217-03R PROVIDER ZIP CODE		PROVIDER TAXPAYER NUMBER[1], PROVIDER SUB-IDENTIFIER[1]
PROGRAM INDICATOR	SEE BELOW	PROVIDER PARTICIPATION INDICATOR
PROVIDER MAJOR SPECIALTY	SEE BELOW	
2-310-06R BEGIN DATE OF CARE	SEE BELOW	RECORD EFFECTIVE DATE[1], PROVIDER ACCEPTANCE DATE[1], PROVIDER TERMINATION DATE[1], AMOUNT ALLOWED, AMOUNT ALLOWED BY PROCEDURE CODE
2-315-06R END DATE OF CARE		SAME AS ABOVE

EDITED ELEMENT RELATIONSHIP
NONE

[1] PROVIDER FILE

ELEMENT NAME: PROVIDER PARTICIPATION INDICATOR (2-230)

VALIDITY EDITS

2-230-01	MUST BE ONE OF THE FOLLOWING VALUES 'Y' (YES) **OR** 'N' (NO).

RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
SPECIAL PROCESSING CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP		
2-230-02R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	A PARTNERSHIP PROGRAM, INTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		B PARTNERSHIP PROGRAM, EXTERNAL PROVIDERS WITH SIGNED AGREEMENTS
		E HHC/CM
		S RESOURCE SHARING

PROVIDER PARTICIPATION INDICATOR MUST = 'Y'.

ELEMENT NAME: PROVIDER MAJOR SPECIALTY (2-235)

VALIDITY EDITS

2-235-01	THIS FIELD MUST BE A VALID PROVIDER MAJOR SPECIALTY, SEE CHAPTER 2, ADDENDUM C.

RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
PROVIDER MAJOR SPECIALTY OR TYPE OF INSTITUTION[1]	SEE BELOW	PROVIDER TAXPAYER NUMBER[1], PROVIDER SUB-IDENTIFIER[1], PROVIDER ZIP CODE[1], BEGIN DATE OF CARE, END DATE OF CARE, RECORD EFFECTIVE DATE[1]
AMOUNT ALLOWED	SEE BELOW	
AMOUNT ALLOWED BY PROCEDURE CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
STATE/COUNTRY CODE	SEE BELOW	
CONTRACTOR NUMBER	SEE BELOW	

[1] PROVIDER FILE

ELEMENT NAME:	PROVIDER MAJOR SPECIALTY (2-235) (CONTINUED)

EDITED ELEMENT RELATIONSHIP		
2-235-02R	MUST MATCH THE PROVIDER MAJOR SPECIALTY CODE IN THE CORRESPONDING RECORD IN THE PROVIDER FILE. THE 'CORRESPONDING' RECORD IS BASED ON CARE DATES, AND NON-INSTITUTIONAL PROVIDER KEY PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, AND PROVIDER ZIP CODE.	
	UNLESS AMOUNT ALLOWED ≤ ZERO	
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FS TRICARE FOR LIFE (SECOND PAYOR) **OR**
		T MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) **AND** EARLIEST BEGIN DATE OF CARE ≥ 10/01/2001
	THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE	
	IF (NETTED) AMOUNT ALLOWED (FOR EACH DETAIL OCCURRENCE) BY PROCEDURE CODE ≤ ZERO	
	THEN DO NOT CHECK FOR MATCH ON PROVIDER FILE.	
2-235-03R	IF PROVIDER MAJOR SPECIALTY IS 'TS' (TRANSPORTATION SERVICES)	
	THEN THE PROGRAM INDICATOR MUST BE =	H PFPWD
	DO NOT CHECK PROVIDER FILE.	
	PROVIDER MAJOR SPECIALTY MUST BE '49' (MISCELLANEOUS) **OR** '88' (PHARMACY)	
	WHEN PROGRAM INDICATOR =	D DRUG
	DO NOT CHECK PROVIDER FILE.	
2-235-06R	IF ANY SPECIAL PROCESSING CODE =	6 HOME HEALTH CARE
	PROVIDER MAJOR SPECIALTY MUST ≠ 24, 35, 48, 50, 80, 84, 86, **OR** 92.	
2-235-08R	IF TYPE OF SUBMISSION =	D COMPLETE CONTRACTOR DENIAL INITIAL HCSR SUBMISSION
	THEN BYPASS EDIT	
	ELSE IF DATE HCSR PROCESSED TO COMPLETION IS > 04/30/1999	
	THEN PROVIDER MAJOR SPECIALTY ≠ 70 (THE MAJOR SPECIALTY OF THE PROVIDER IN THE CLINIC WHO PROVIDED THE SERVICE MUST BE REPORTED.)	

[1] **PROVIDER FILE**

ELEMENT NAME:	PRINCIPAL TREATMENT DIAGNOSIS (2-255)		
	VALIDITY EDITS		
2-255-01	VALUE MUST BE A VALID ICD-9-CM DIAGNOSIS CODE.		
	RELATIONAL EDITS		
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	PATIENT SEX	SEE BELOW	
	PATIENT DATE OF BIRTH	SEE BELOW	
2-170-11R	OVERRIDE CODE		
	PROCEDURE CODE	SEE BELOW	
	DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
	AMOUNT BILLED	SEE BELOW	TYPE OF SUBMISSION, SPECIAL PROCESSING CODE
	SPECIAL PROCESSING CODE	SEE BELOW	
	PROGRAM INDICATOR	SEE BELOW	
	TYPE OF SERVICE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP	
2-255-02R[1]	PRINCIPAL TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.
2-255-04R	PRINCIPAL TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND **NOT** FOR CIRCUMCISION **AND** PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) **AND** PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR SEX-SPECIFIC DIAGNOSIS CODES.
2-255-05R	PRINCIPAL TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE). IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'. USE ICD-9-CM TAPE FOR AGE-SPECIFIC DIAGNOSIS CODES.

2-255-08R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	E	HHC/CM
	PRINCIPAL TREATMENT DIAGNOSIS CANNOT = 290-319.		

2-255-09R	IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9		
	AND PROGRAM INDICATOR =	I	INSTITUTIONAL **OR**
		N	NON-INSTITUTIONAL

[1] **THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-255-02R (IN FUTURE), IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED AND RELATIONAL EDIT 2-255-02R IS DONE INSTEAD.**

ELEMENT NAME:	PRINCIPAL TREATMENT DIAGNOSIS (2-255) (CONTINUED)		
	THEN TYPE OF SERVICE FIRST POSITION MUST BE =	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT (ACTIVE DUTY FAMILY MEMBERS ONLY) **OR**
		I	INPATIENT **OR**
		O	OUTPATIENT, EXCLUDING 'M', 'P', OR 'N' **OR**
		N	OUTPATIENT COST-SHARED AS INPATIENT
	AND TYPE OF SERVICE SECOND POSITION MUST =	4	DIAGNOSTIC/THERAPEUTIC X-RAY **OR**
		5	DIAGNOSTIC LABORATORY **OR**
		7	ANESTHESIA
	AND AMOUNT BILLED MUST BE ≤$200.00		
	UNLESS TYPE OF SUBMISSION =	D	COMPLETE DENIAL
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	1	MEDICAID
2-255-10R	IF PRINCIPAL TREATMENT DIAGNOSIS = 799.9		
	AND PROGRAM INDICATOR =	D	DRUG
	THEN AMOUNT BILLED MUST BE ≤$250.00		
	UNLESS TYPE OF SUBMISSION =	D	COMPLETE DENIAL
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	1	MEDICAID
2-255-11R	IF PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES **OR**
		T	DENTAL
	THEN PRINCIPAL DIAGNOSIS CANNOT = 799.9		
	UNLESS TYPE OF SUBMISSION =	D	COMPLETE DENIAL
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	1	MEDICAID

[1] **THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-255-02R (IN FUTURE), IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED AND RELATIONAL EDIT 2-255-02R IS DONE INSTEAD.**

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-1 (2-260)

VALIDITY EDITS

2-260-01	VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, **OR** BLANK FILLED. ALL OCCURRENCES OF SECONDARY TREATMENT DIAGNOSIS MUST BE BLANK-FILLED FOLLOWING THE FIRST OCCURRENCE OF A BLANK-FILLED SECONDARY TREATMENT DIAGNOSIS.

RELATIONAL EDITS		
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
	PATIENT DATE OF BIRTH	SEE BELOW	
	PATIENT SEX	SEE BELOW	
2-170-11R	OVERRIDE CODE		
	PROCEDURE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-260-02R[1]	SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.
2-260-04R	SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND **NOT** FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.
2-260-05R	SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) [i.e., FOR A NEWBORN (AGE = 0) THE DIAGNOSIS MUST BE FOR NEWBORN]. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'. USE ICD-9-CM TAPE FOR TABLE OF AGE-SPECIFIC DIAGNOSIS CODES.

[1] **THIS EDIT IS NOT DONE IS VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-260-02R (IN FUTURE) IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED, AND RELATIONAL EDIT 2-260-02R IS DONE INSTEAD.**

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-2 (2-265)		
VALIDITY EDITS		
2-265-01 VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, **OR** BLANK FILLED.[1]		
RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	
PATIENT SEX	SEE BELOW	
2-170-11R OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	
EDITED ELEMENT RELATIONSHIP		

2-265-02R[2] SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

2-265-04R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND **NOT** FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.

2-265-05R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) [i.e., FOR A NEWBORN (AGE = 0) THE DIAGNOSIS MUST BE FOR NEWBORN]. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'. USE ICD-9-CM TAPE FOR TABLE OF AGE-SPECIFIC DIAGNOSIS CODES.

[1] **SEE EDIT 2-260-01.**
[2] **THIS EDIT IS NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-265-02R (IN FUTURE), IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED, AND RELATIONAL EDIT 2-270-02R IS DONE INSTEAD.**

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-3 (2-270)		
VALIDITY EDITS		

2-270-01   VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, OR BLANK FILLED.[1]

RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	
PATIENT SEX	SEE BELOW	
2-170-11R OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP		

2-270-02R[1]   SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.

2-270-04R   SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND **NOT** FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.

2-270-05R   SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (i.e., FOR A NEWBORN (AGE = 0) THE DIAGNOSIS MUST BE FOR NEWBORN). IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'. USE ICD-9-CM TAPE FOR TABLE OF AGE-SPECIFIC DIAGNOSIS CODES.

[1] SEE EDIT 2-260-01
[2] THIS EDIT IS NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-270-02R (IN FUTURE), IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED, AND RELATIONAL EDIT 2-265-02R IS DONE INSTEAD.

ELEMENT NAME: SECONDARY TREATMENT DIAGNOSIS-4 (2-275)		
VALIDITY EDITS		
2-275-01 VALUE MUST BE VALID ICD-9-CM DIAGNOSIS CODE IF PRESENT, **OR** BLANK FILLED.[1]		
RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
DIAGNOSIS EDITION	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	
PATIENT SEX	SEE BELOW	
2-170-11R OVERRIDE CODE		
PROCEDURE CODE	SEE BELOW	
EDITED ELEMENT RELATIONSHIP		
2-275-02R[1] SECONDARY TREATMENT DIAGNOSIS MUST BE VALID FOR DIAGNOSIS EDITION IDENTIFIER.		
2-275-04R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF DIAGNOSIS CODE = MALE (AND **NOT** FOR CIRCUMCISION AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF DIAGNOSIS CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'. USE ICD-9-CM TAPE FOR TABLE OF SEX-SPECIFIC DIAGNOSIS CODES.		
2-275-05R SECONDARY TREATMENT DIAGNOSIS MUST BE CONSISTENT WITH PATIENT DATE OF BIRTH (AGE) (i.e., FOR A NEWBORN (AGE = 0) THE DIAGNOSIS MUST BE FOR NEWBORN). IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'. USE ICD-9-CM TAPE FOR TABLE OF AGE-SPECIFIC DIAGNOSIS CODES.		
[1] **THIS EDIT NOT DONE IF VALIDITY EDIT FAILS. THEREFORE, WILL ONLY USE RELATIONAL EDIT 2-25-02R (IN FUTURE), IF MORE THAN ONE EDITION IDENTIFIER IS VALID AT THE SAME TIME. IN THAT CASE, VALIDITY EDIT WILL BE DISABLED AND RELATIONAL EDIT 2-275-02R IS DONE INSTEAD.**		

ELEMENT NAME: UTILIZATION DATA OCCURRENCE COUNT (2-280)		
VALIDITY EDITS		
2-280-01 UTILIZATION DATA OCCURRENCE COUNT MUST BE = 01 THRU 25.		
RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
2-280-02R TYPE OF SUBMISSION	OCCURRENCE COUNT FOR ADJUSTMENT **OR** CANCELLATION HCSR MUST BE ≥ OCCURRENCE COUNT FOR PREVIOUS SUBMISSION OF HCSR.	OCCURRENCE COUNT ON HCSR DATABASE

ELEMENT NAME: PROCEDURE CODE (2-290)		
VALIDITY EDITS		
N/A		
RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
PROCEDURE TEXT IDENTIFIER	SEE BELOW	
PATIENT DATE OF BIRTH	SEE BELOW	
PATIENT SEX	SEE BELOW	OVERRIDE CODE
PROVIDER MAJOR SPECIALITY	SEE BELOW	TYPE OF SERVICE
PRINCIPAL TREATMENT DIAGNOSIS	SEE BELOW	ENROLLMENT STATUS, OVERRIDE CODE, AMOUNT ALLOWED BY PROCEDURE CODE, TYPE OF SUBMISSION, FILING DATE
DENIAL REASON CODE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	
DATE HCSR PROCESSED TO COMPLETION	SEE BELOW	BEGIN DATE OF CARE

EDITED ELEMENT RELATIONSHIP	
2-290-02R	PROCEDURE CODE MUST BE VALID FOR PROCEDURE TEXT IDENTIFIER. IF PROCEDURE TEXT IDENTIFIER = '4', PROCEDURE CODE MUST BE A VALID CPT-4 CODE **OR** A TMA APPROVED CODE (SEE CHAPTER 2, ADDENDUM E). IF PROCEDURE TEXT IDENTIFIER = '8', PROCEDURE CODE MUST BE A VALID AMERICAN DENTAL ASSOCIATION (ADA) PROCEDURE CODE.
2-290-03R	FOR ORIGINAL SUBMISSIONS: DATE HCSR PROCESSED TO COMPLETION MUST BE ON **OR** AFTER THE PROCESSING EFFECTIVE DATE AND BEFORE THE PROCESSING TERMINATION DATE (FOR THAT PROCEDURE CODE) ON THE PROCEDURE CODE DATABASE TABLE. FOR ADJUSTMENT/CANCELLATION SUBMISSIONS: DATE HCSR PROCESSED TO COMPLETION MUST BE ON OR AFTER THE PROCESSING EFFECTIVE DATE (FOR THAT PROCEDURE CODE) ON THE PROCEDURE CODE DATABASE TABLE.
	BEGIN DATE OF CARE MUST BE ON **OR** AFTER THE CARE EFFECTIVE DATE AND BEFORE THE CARE TERMINATION DATE OF THE VALID DATE HCSR PROCESSED TO COMPLETION ENTRY ON THE PROCEDURE CODE DATABASE TABLE.

	UNLESS SPECIAL PROCESSING CODE =	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE **OR**
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE **OR**

[1] **USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R.**
[2] **CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.**

ELEMENT NAME:	PROCEDURE CODE (2-290) (CONTINUED)		
	CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**	
	GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR **OR**	
	MN	TRICARE SENIOR PRIME (NON-NETWORK) **OR**	
	MS	TRICARE SENIOR PRIME (NETWORK) **OR**	
	SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE **OR**	
	SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE **OR**	
	SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY	
	NOTE: DENIED PROCEDURES ARE EDITED AGAINST THE TABLE ENTRY FOR THE VALID DATE HCSR PROCESSED TO COMPLETION AND BEGIN DATE OF CARE. PROCEDURES MAY BE DENIED (GOVERNMENT PAY INDICATOR = NO) ON ONE TABLE ENTRY, AND ALLOWED (GOVERNMENT PAY INDICATOR = YES) ON ANOTHER TABLE ENTRY. SEE EDITS 2-290-04R AND 2-290-05R.		
2-290-04R	IF ENROLLMENT STATUS NOT = 'A', 'B', 'C', **OR** 'K' (PRIME) AND PROCEDURE CODE IS A DENIED[1] PROCEDURE CODE, DENIAL REASON CODE MUST BE PRESENT		
	AND AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = ZERO		
	WHEN TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		C	COMPLETE CANCELLATION **OR**
		D	COMPLETE DENIAL **OR**
		F	ADJUSTMENT NEW SUFFIX **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		R	RESUBMISSION OF ERROR REJECT
	ELSE TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		B	ADJUSTMENT NON-HCSR DATA **OR**
		C	COMPLETE CANCELLATION **OR**
		E	CANCELLATION NON-HCSR DATA
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ZERO		

[1] **USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R.**
[2] **CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.**

ELEMENT NAME:	PROCEDURE CODE (2-290) (CONTINUED)		
	UNLESS SPECIAL PROCESSING CODE =	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE **OR**
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE **OR**
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR **OR**
		MN	TRICARE SENIOR PRIME (NON-NETWORK) **OR**
		MS	TRICARE SENIOR PRIME (NETWORK) **OR**
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE **OR**
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE **OR**
		SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY
2-290-05R	IF ENROLLMENT STATUS = 'A', 'B', 'C', **OR** 'K' (PRIME) **AND** PROCEDURE CODE IS A DENIED[1] PROCEDURE CODE, DENIAL REASON CODE MUST BE PRESENT AND AMOUNT ALLOWED BY PROCEDURE CODE MUST BE = ZERO		
	WHEN TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		C	COMPLETE CANCELLATION **OR**
		D	COMPLETE DENIAL **OR**
		F	ADJUSTMENT NEW SUFFIX **OR**
		I	INITIAL SUBMISSION **OR**
		O	ZERO PAYMENT WITH 100% OHI/TPL **OR**
		R	RESUBMISSION OF ERROR REJECT
	ELSE TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		B	ADJUSTMENT NON-HCSR DATA **OR**
		C	COMPLETE CANCELLATION **OR**
		E	CANCELLATION NON-HCSR DATA
	THEN AMOUNT ALLOWED BY PROCEDURE CODE MUST BE ≤ZERO,		
	UNLESS OVERRIDE CODE =	Z	(ENHANCED BENEFIT)

[1] USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R.

[2] CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

ELEMENT NAME: PROCEDURE CODE (2-290) (CONTINUED)

	THEN SPECIAL PROCESSING CODE =	AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-MTF-REFERRED CARE **OR**
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - MTF-REFERRED CARE **OR**
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		MN	TRICARE SENIOR PRIME (NON-NETWORK) **OR**
		MS	TRICARE SENIOR PRIME (NETWORK **OR**
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE **OR**
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE **OR**
		SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY **OR**
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR.
2-290-06R	PROCEDURE CODE MUST BE CONSISTENT WITH PATIENT SEX. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE APPROPRIATE OVERRIDE CODE: IF PROCEDURE CODE = MALE (AND **NOT** FOR CIRCUMCISION AND PRINCIPAL/ SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY) AND PATIENT SEX = FEMALE, OVERRIDE CODE MUST = 'H'; IF PROCEDURE CODE = FEMALE AND PATIENT SEX = MALE, OVERRIDE CODE MUST = 'G'.		
2-290-07R	PROCEDURE CODE MUST BE CONSISTENT WITH DATE OF BIRTH (AGE). PROCEDURES WHICH ARE RESTRICTED TO CERTAIN AGE GROUPS (i.e., NEWBORN) MUST BE VALID FOR THE PATIENT'S AGE. IF NOT CONSISTENT, THE INCONSISTENCY MUST BE SUPPORTED BY THE USE OF OVERRIDE CODE 'R'.		
2-290-08R	IF PROGRAM INDICATOR =	D	DRUG
	PROCEDURE CODE MUST BE = 98800.		
2-290-09R	IF PRICING CODE =.	6	MEI ADJUSTED PREVAILING PRICE, PRIMARY CARE
		K	TRICARE CLAIMCHECK-ADDED PROCEDURE, MEI ADJUSTED PREVAILING PRICE, PRIMARY CARE
	PROCEDURE CODE MUST BE MEI PRIMARY PROCEDURE CODE		
2-290-10R	IF PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES

[1] USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R.

[2] CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

ELEMENT NAME:	**PROCEDURE CODE (2-290) (CONTINUED)**

THEN PROCEDURE CODE[2] MUST = 06896, 98320, A0100, A0110, A0120, A0130, A0140, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3201, L3202, L3203, L3204, L3205, L3206, L3207, L3212, L3213, L3214, L3215, L3216, L3217, L3218, L3219, L3221, L3222, L3223, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, **OR** L3649

ELSE IF PROGRAM INDICATOR
NOT =   H   PROGRAM FOR PERSONS WITH DISABILITIES

THEN DENIAL REASON CODE NOT EQUAL BLANK

2-290-11R	IF TYPE OF SERVICE =	I	INPATIENT

PROCEDURE CODE MUST NOT BE FOR OUTPATIENT ONLY CARE.

2-290-12R	IF PROCEDURE CODE[2] = 90892, 90893, 90894, 90895, 90896, **OR** 90897

SPECIAL PROCESSING CODE
MUST =   WR   MENTAL HEALTH WRAPAROUND
                                        DEMONSTRATION

[1] **USE PROCEDURE CODE DATABASE FOR TABLE OF PROCEDURE CODES THAT ARE NOT AN ALLOWABLE BENEFIT. SEE EDIT 2-290-03R.**
[2] **CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2001 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.**